

Cycle Date: 11/12/2003

Provider Number	Provider Name	High Denial EOBs	Number of Denials	Description	TNC Denials	Total Denials	Total Claims Finalized	Total Claims Paid
3404920	Alamance-Caswell	8599	242	Detail not covered by combination of recipient, provider and benefit package.	252	582	4892	4310
		191	72	Client ID number does not match patient name.				
		21	15	Duplicate of claim-system.				
3404943	Albemarle	8599	57	Detail not covered by combination of recipient, provider and benefit package.	99	257	1847	1590
		191	46	Client ID number does not match patient name.				
		21	23	Duplicate of claim-system.				
3404902	Blue Ridge	11	260	Client not eligible on service date.	0	260	260	0
3404912	Catawba	8599	320	Detail not covered by combination of recipient, provider and benefit package.	415	836	7796	6960
		143	54	Client ID not on State eligibility file.				
		120	29	Client ID number missing or invalid.				
3404917	Centerpoint	8599	543	Detail not covered by combination of recipient, provider and benefit package.	217	1344	9810	8466
		11	217	Client not eligible on service date.				
		120	127	Client ID number missing or invalid.				
3404916	Crossroads	11	136	Client not eligible on service date.	0	136	147	11

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3404927	Cumberland	8505	1180	Claim denied due to insufficient budget	18	1490	4331	2841
		8599	148	Detail not covered by combination of recipient, provider and benefit package.				
		8622	50	60 Res level II treatment received, PA required for add'l service				
3404959	Davidson	8524	10	Claim denied, provider must be designated as a billing provider.	0	10	10	0
3404922	Durham	21	6369	Duplicate of claim-system.	0	8189	13118	4929
		143	984	Client ID not on State eligibility file.				
		8599	416	Detail not covered by combination of recipient, provider and benefit package.				
3404944	Eastpointe	8599	50	Detail not covered by combination of recipient, provider and benefit package.	74	212	2631	2419
		27	30	Diagnosis code missing or invalid				
		21	28	Duplicate of Claim system				
3404937	Edgecombe-Nash							
3404946	Foothills	8599	8	Detail not covered by combination of recipient, provider and benefit package.	0	10	5161	5151
		21	1	Duplicate of Claim system				
		5404	1	Severe duplicate: same att'd prov/pcode/tos/dos/mod.				

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3404919	Guilford	11	31	Client not eligible on service date.	1	60	197	133
		5404	24	Severe duplicate: same attd prov/pcode/tos/dos/mod.				
		8517	2	Claims denied, submitted beyond filing timelimit. July through April DOS must be submitted by the end of the fiscal year.				
3404930	Johnston	11	2	Client not eligible on service date.	17	21	98	77
		191	1	Client ID does not match patient name				
		8599	1	Detail not covered by combination of recipient, provider and benefit package.				
3404929	Lee-Harnett	21	166	Duplicate of Claim system	7	400	6364	5964
		8599	145	Detail not covered by combination of recipient, provider and benefit package.				
		8544	14	Claim denied due to invalid from date of service				
3404913	Mecklenburg	8599	823	Detail not covered by combination of recipient, provider and benefit package.	301	1774	4818	3044
		8505	330	Claim denied due to insufficient budget.				
		11	181	Client not eligible on service date.				
3404939	Neuse	21	165	Duplicate of claim-system.	56	375	927	552
		8599	91	Detail not covered by combination of recipient, provider and benefit package.				
		27	30	Diagnosis Code missing or invalid				
3404979	New River	21	4	Duplicate of claim-system.	5	12	278	266
		8505	2	Claim denied due to insufficient budget.				
		8599	1	Detail not covered by combination of recipient, provider and benefit package.				

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3404934	Onslow	8599	108	Detail not covered by combination of recipient, provider and benefit package.	62	338	1690	1352
		8517	38	Claim denied, submitted beyond filing timelimit. July thru April DOS must be submitted by the end of fiscal year.				
		11	26	Client not eligible on service date				
3404921	OPC	23	1822	Service requires prior approval.	103	5076	9082	4006
		5312	1372	Prior authorized dollars exceeded.				
		8518	553	Claim denied, submitted beyond filing timelimit. May and June DOS must be submitted by the end of August.				
3404910	Pathways				0	0	30	30
3404924	Piedmont	8525	711	Claim denied, referring provider must be an LMA.	0	719	719	0
		191	8	Client ID number does not match patient name.				
3404941	Pitt	23	4	Service requires prior approval	0	4	4	0
3404932	Randolph	21	40	Duplicate of claim-system.	50	161	1307	1146
		8599	35	Detail not covered by combination of recipient, provider and benefit package.				
		120	23	Client ID number missing or invalid.				

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3404938	Riverstone							
3404942	Roanoke-Chowan	21	1255	Duplicate of claim-system.				
		8599	194	Detail not covered by combination of recipient, provider and benefit package.	50	1586	3687	2101
		7007	29	Exceeds maximum units allowed per month				
3404918	Rockingham	8599	94	Detail not covered by combination of recipient, provider and benefit package.				
		11	41	Client not eligible on service date.	20	213	2025	1812
		21	28	Duplicate of claim-system.				
3404907	Rutherford-Polk							
					0	0	0	0
3404925	Sandhills	8505	763	Claim denied due to insufficient budget.				
		8599	115	Detail not covered by combination of recipient, provider and benefit package.	33	991	3329	2338
		5404	19	Severe duplicate: same att'd prov/pcode/tos/dos/mod.				
3404901	Smoky Mountain	11	63	Client not eligible on service date.				
					0	63	63	0

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3404933	Southeastern Center	8505	316	Claim denied due to insufficient budget.	65	593	2978	2385
		8000	101	No rate available to price this claim detail.				
		21	18	Duplicate of claim system				
3404926	Southeastern Regional	8544	653	Claim denied due to invalid from date of service.	103	1123	5084	3961
		8599	172	Detail not covered by combination of recipient, provider and benefit package.				
		5404	61	Severe duplicate: same attd prov/pcode/tos/dos/mod.				
3404957	Tideland	8505	360	Claim denied due to insufficient budget.	71	547	1842	1295
		8800	73	Client ID number does not match patient name.				
		8599	45	Detail not covered by combination of recipient, provider and benefit package.				
3404905	Trend	11	115	Client not eligible on service date.	0	302	1643	1341
		8599	91	Detail not covered by combination of recipient, provider and benefit package.				
		120	40	Client ID number missing or invalid.				
3404923	VGFW	11	667	Client not eligible on service date.	17	1114	3823	2709
		21	295	Duplicate of claim-system.				
		8599	106	Detail not covered by combination of recipient, provider and benefit package.				
3404931	Wake	11	59	Client not eligible on service date.	1	60	63	3

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3404936	Wilson-Greene	8599	19	Detail not covered by combination of recipient, provider and benefit package.	17	75	2040	1965
		21	19	Duplicate of claim-system.				
		191	7	Client ID does not match patient name				